



Required Disclosures of Protected Health Information # 1660.125

INITIAL EFFECTIVE DATE:	LAST REVISION DATE:	RESPONSIBLE UNIVERSITY DIVISION/DEPARTMENT
August 31, 2021	August 31, 2021	Office of Compliance and Integrity

POLICY STATEMENT

Florida International University (FIU) Health Insurance Portability and Accountability Act (HIPAA) Hybrid Designated Health Care Components (Components) and Business Associates will disclose protected health information (PHI) when required by HIPAA and Florida law.

As a University-wide policy and procedure, this policy and procedure takes precedence over any Component-specific policies, procedures, or protocols that conflicts with this policy and procedure, unless prior approval is obtained from the Office of Compliance and Integrity. (FIU Policy and Procedure #1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)

Components may maintain HIPAA documentation in either paper or electronic form, provided that any format is sufficiently protected to ensure it will be retrievable throughout the required retention period. Unless otherwise indicated in FIU Privacy or Security Rule Policy and Procedure, each Component Privacy Coordinator will be responsible for maintaining all HIPAA documentation relevant to his/her Component. (FIU Policy and Procedure #1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)

All Component Workforce members shall receive mandatory HIPAA Privacy and Security Rule training. (FIU Policy and Procedure # 1660.075) (HIPAA Privacy and Security Rule Training).

Component Workforce members who fail to adhere to this policy and procedure may be subject to civil and criminal penalties as provided by law, and/or administrative and disciplinary action. (FIU Policy and Procedure #1660.085) (Sanctions)

Each Component must designate a HIPAA Privacy Coordinator and a HIPAA Security Coordinator. (FIU Policy and Procedure #1660.070) (Designation of HIPAA Component Privacy and Security Coordinators)

FIU reserves the right to amend, change or terminate this policy and procedure at any time, either prospectively or retroactively, without notice. Any ambiguities between this policy and procedure and the other policies and procedures should be harmonized consistent with the



requirements of HIPAA and state law and regulation. (FIU Policy and Procedure #1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)

SCOPE

This policy applies to FIU’s HIPAA Health Care Components that are contained within FIU’s HIPAA Hybrid Designation (FIU Policy and Procedure #1610.005), its Workforce members and Business Associates as defined in this policy and FIU Policy and Procedure #1660.015 regarding Business Associate Agreements.

REASON FOR POLICY

To explain situations when the disclosure of PHI is required as described in the HIPAA Privacy Rule and Florida law.

45 CFR §164.502 (Uses and Disclosures of Protected Health Information: General Rules)

DEFINITIONS

TERM	DEFINITIONS
Access	Means the ability or the means necessary to read, write, modify, or communicate data/information or otherwise use any <u>system</u> resource.
Administrative Officer	Means the Component Workforce member responsible for financial management, human resources administration, management of facilities and equipment, and other administrative functions required to support the teaching and research missions of the FIU HIPAA Hybrid Designated Health Care Component. The Administrative Officer is the senior administrative staff position in the department, Division or Office and provides continuity as academic leadership changes.
Availability	Means the property that data or information is accessible and useable upon demand by an authorized person.
Business Associate	Generally an entity or person who performs a function involving the use or disclosure of PHI on behalf of a covered entity (such as claims processing, case management, utilization review, quality assurance, billing) or provides services for a covered entity that require the disclosure of PHI (such as legal, actuarial, accounting, accreditation).



	<p>NOTE: A business associate relationship exists when an individual or entity, acting on behalf of an FIU HIPAA Component(s), assists in the performance of a function or activity involving the creation, use, disclosure, or access of PHI. This includes, but not limited to, claims processing or administration, data analysis, utilization review, quality assurance, billing, benefit management or repricing.</p> <p>NOTE: A Business Associate may include any individual or entity that receives PHI from a HIPAA Component in the course of providing legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, software support, or financial services. A Business Associates does not, however, include HIPAA Component workforce members.</p>
Business Associate Agreement	Means a contract or other written arrangement with a business associate which must describe the permitted and required uses of PHI by the business associate; Provide that the business associate will not use or further disclose the PHI other than as permitted or required by the contract or as required by law; and Require the business associate to use appropriate safeguards to prevent a use or disclosure of the PHI other than as provided for by the contract.
Code of Federal Regulations	Also known as CFR is the codification of the general and permanent rules published in the Federal Register by the executive departments and agencies of the Federal Government. It is divided into 50 titles that represent broad areas subject to Federal regulation.
Component	Means a component or combination of components of a hybrid entity designated by the hybrid entity (Florida International University). Those programs designated by FIU that must comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, hereinafter referred to as "Components". Components of FIU are required to comply with the Administrative Simplification provisions of HIPAA because the Components perform a covered function.
Confidentiality	Means data or information is not made available or disclosed to unauthorized persons or processes.
Covered Entity	An entity that is subject to HIPAA. 1. a health plan; 2. a health care clearinghouse; and/or

	3. a health care provider who transmits any health information in electronic form in connection with a transaction covered by this subchapter.
Designated Record Set	Means: 1. A group of records maintained by or for a covered entity that is: a. The medical records and billing records about patients maintained by or for a covered health care provider; b. The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or c. Used, in whole or in part, by or for the covered entity to make decisions about patients. 2. For purposes of this paragraph, the term record means any item, collection, or grouping of information that includes PHI and is maintained, collected, used, or disseminated by or for a covered entity.
Disclosure	Means the release, transfer, provision of access to, or divulging in any other manner of PHI outside of the entity holding the information.
Electronic Protected Health Information (ePHI)	PHI in electronic form. See also: <u>PHI</u> .
Florida Statutes	Also known as F.S. is a permanent collection of state laws organized by subject area into a code made up of titles, chapters, parts, and sections. The <i>Florida Statutes</i> are updated annually by laws that create, amend, transfer, or repeal statutory material.
Health Care Component	See "Component"
Health Care Practitioner/Provider	Means a provider of medical or health services and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business.
U.S. Department of Health and Human Services	Also known as HHS. The mission of the U.S. Department of Health and Human Services (HHS) is to enhance the health and well-being of all Americans, by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services.
HIPAA	Means the Health Insurance Portability and Accountability Act of 1996.
Hybrid Covered Entity	Means a single legal entity that performs both covered and non-covered functions. The entity has a defined health care component that engages in HIPAA electronic transactions



Patient	The person who is the subject of PHI.
Payment	<p>Means:</p> <ol style="list-style-type: none"> 1. The activities undertaken by: Except as prohibited under §164.502(a)(5)(i), <ol style="list-style-type: none"> a. a health plan to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits under the health plan; or b. A health care provider or health plan to obtain or provide reimbursement for the provision of health care; and c. The activities in paragraph (1) of this definition relate to the patients to whom health care is provided and include, but are not limited to: <ol style="list-style-type: none"> i. Determinations of eligibility or coverage (including coordination of benefits or the determination of cost sharing amounts), and adjudication or subrogation of health benefit claims; ii. Risk adjusting amounts due based on enrollee health status and demographic characteristics; iii. Billing, claims management, collection activities, obtaining payment under a contract for reinsurance (including stop-loss insurance and excess of loss insurance), and related health care data processing; iv. Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges; v. Utilization review activities, including precertification and preauthorization of services, concurrent and retrospective review of services; and vi. Disclosure to consumer reporting agencies of any of the following PHI relating to collection of premiums or reimbursement: <ol style="list-style-type: none"> a. Name and address; b. Date of birth; c. Social security number.
Privacy Coordinator	Means an FIU Workforce member, appointed by the director, manager, or supervisor of a HIPAA Designated Component to conduct and/or coordinate with necessary and appropriate Workforce members all HIPAA Privacy Rule activities and actions within the Component, including but not limited to tracking HIPAA training activities; coordinating HIPAA Privacy Rule implementation; participating in HIPAA Privacy and Security



	Rule violation investigations, as necessary and appropriate, communicating with the Director of Compliance and Privacy for Health Affairs, the HIPAA Security Officer, and the Office of General Counsel, as necessary and appropriate, regarding HIPAA Privacy and Security Rule activities and concerns; conducting and reporting monitoring activities; participate in assessments; and responding to, tracking and documenting HIPAA Privacy Rule activities. Maintain ongoing communication with the Director of Compliance and Privacy for Health Affairs and the HIPAA Security Officer.
Protected Health Information	Means any individually identifiable health information collected or created in the course of the provision of health care services by a covered entity, in any form (written, verbal or electronic). PHI relates to the past, present, or future physical or mental health or condition of an individual or the past, present, or future payment for the provision of health care to an individual. PHI, however, specifically excludes: <ol style="list-style-type: none"> 1. Education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. § 1232g (“FERPA”); 2. Records described at 20 U.S.C. § 1232g(a)(4)(B)(iv); and 3. Employment records held by a covered entity in its role as an employer.
Privacy Rule	The regulations at 45 CFR 160 and 164, which detail the requirements for complying with the standards for privacy under the administrative simplification provisions of HIPAA.
Use	With respect to patient/client identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.
Workforce	Means employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a covered entity (FIU HIPAA Component) or business associate, is under the direct control of such covered entity or business associate, whether or not they are paid by the covered entity or business associate.

ROLES AND RESPONSIBILITIES

1. **Compliance Oversight:** The Office of University Compliance and Integrity (University Compliance)

- Evaluates all federal and state healthcare privacy laws, regulations, rules and ordinances (Rules) to ensure compliance with the Rules.
- Develops and maintains all required University-wide Privacy Rule policies, procedures and associated forms.
- Performs audits and assessments of the Components to ensure their compliance with the Privacy Rules and associated FIU Policies and Procedures.
- Performs audits and assessments of the Components to ensure their compliance with the Privacy Rules and associated FIU Policies and Procedures.
- Partners with the Division of Information Technology HIPAA Security Officer to ensure compliance with all federal and state healthcare privacy and security laws, regulations rules, and ordinances.

2. HIPAA Components:

- Each FIU HIPAA Hybrid Designated Component must designate a Privacy and a Security Coordinator responsible for overseeing and ensuring the Component’s implementation and compliance with the HIPAA Privacy Rule and Security Rule, FIU’s associated HIPAA Privacy and Security Policies and Procedures, and any applicable state laws and/or regulations governing the confidentiality, integrity and availability of PHI and electronic PHI (ePHI), including, but not limited to the use and disclosure of PHI.

RELATED RESOURCES

References

- 45 CFR §164.502
- 45 CFR §164.504
- 45 CFR §164.512
- 45 CFR §164.514
- 45 CFR §164.530
- F.S. §39.201
- F.S. §95.11
- F.S. §381.0031
- F.S. §382
- F.S. §384.25
- F.S. §385.202
- F.S. §392.53
- F.S. §395.1027
- F.S. §406.12
- F.S. §408.061
- F.S. §415.1034



- F.S. §440.13
- F.S. §456.057
- F.S. §456.063
- F.S. §459.026
- F.S. §790.24
- F.S. §794.027
- F.S. §877.155
- Florida Rule 1.360

Related Policies

- FIU Policy # 1610.005 (Designated Health Care Components of FIU Community)
- FIU Policy and Procedure #1660.015 (Business Associate Agreements)
- FIU Policy and Procedure #1660.025 (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required)
- FIU Policy and Procedure #1660.060 (Accounting of Disclosures of Protected Health Information)
- FIU Policy and Procedure #1660.070 (Designation of HIPAA Privacy Officer and Component Privacy and Security Coordinators)
- FIU Policy and Procedure #1660.075 (HIPAA Privacy and Security Rule Training)
- FIU Policy and Procedure #1660.080 (Policies and Procedures, Changes to Policies and Procedures, and Documentation)
- FIU Policy and Procedure #1660.085 (Sanctions)
- FIU Policy and Procedure #1660.120 (Minimum Necessary)
- FIU Policy and procedure #1660.140 (Designated Record Sets)

CONTACTS

For further information concerning this policy, please contact the FIU Office of Compliance & Integrity at (305) 348-2216 or the appropriate Component Privacy Coordinator. Contact information is available within the “Contact Us” tab at compliance@fiu.edu.

HISTORY

Initial Effective Date: August 31, 2021

Review Dates (*review performed, no updates*): N/A

Revision Dates (*updates made to document*): August 31, 2021



Required Disclosures of Protected Health Information # 1660.125a

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PROCEDURE STATEMENT

I. Required Disclosures

Health Care Components (Components) must designate a Privacy Coordinator responsible for overseeing and ensuring the Component’s implementation and compliance with the HIPAA Privacy Rule, FIU’s associated HIPAA Privacy Policies and Procedures, and any applicable federal and state laws and regulations governing the confidentiality, integrity and availability of PHI and electronic PHI (ePHI), including, but not limited to required disclosures of PHI. Privacy Coordinators may delegate and share duties and responsibilities as necessary and appropriate but retain oversight responsibility. (FIU Policy and Procedure #1660.070) (Designation of HIPAA Privacy Officer and Component Privacy and Security Coordinators)

A. To the Patient

1. Component Privacy Coordinators are required to disclose PHI when a patient or the patient’s legal representative requests access to PHI contained within the Designated Record Set and/or makes a request for an accounting of disclosures. The Privacy Coordinator will adhere to the procedures set forth in FIU Policy and Procedure #1660.050 (Patient Access to Protected Health Information), FIU Policy and Procedure #1660.001 (Representatives), FIU Policy and Procedure #1660.040 (Verification), and FIU Policy and Procedure #1660.060 (Accounting of Disclosures of Protected Health Information)

B. To the Secretary of the Department of Health and Human Services

1. Component Privacy Coordinators are required to disclose PHI when the Secretary of the United States Department of Health and Human Services makes a request for PHI to investigate and determine FIU’s compliance with HIPAA. (Also see FIU Policy and Procedure #1660.040 (Verification), FIU Policy and Procedure #1660.060 (Accounting of Disclosures of Protected Health Information), FIU Policy and Procedure #1660.095 (Reporting HIPAA Incidents and Notification in the Case of a Breach), and FIU Policy and Procedure #1660.095 (Complaints Under the HIPAA Privacy Rule, Mitigation, Refraining from Intimidating or Retaliatory Acts, and Waiver)

II. Disclosures Required by Florida Law

A. Gunshot Wounds, Life -Threatening Injuries, and Burns

1. Component health care practitioners/providers treating or receiving a request for treatment are required to immediately report to local law enforcement officials any gunshot wound or life-threatening injury indicating an act of violence. (Florida Statute §790.24) (Also see FIU Policy and Procedure #1660.025 (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required), FIU Policy and Procedure #1660.120 (Minimum Necessary), and FIU Policy and Procedure #1660.060 (Accounting of Disclosures of Protected Health Information))
2. Component healthcare practitioners/providers treating second and third-degree burns are required to report the injury to the County Sheriff if they are believed to be caused by violence or unlawful activity. (Florida Statute §877.155) (Also see FIU Policy and Procedure #1660.025 (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required), FIU Policy and Procedure #1660.120 (Minimum Necessary), and FIU Policy and Procedure #1660.060 (Accounting of Disclosures of Protected Health Information))

B. Suspected Child Abuse

1. Component Workforce members who know or who have reasonable cause to suspect child abuse, abandonment or neglect by a parent, legal custodian, caregiver, or other person responsible for the child's welfare, are required to immediately report such knowledge or suspicion to the Department of Children and Families (DCF) Central Hotline (Florida Statute §39.201) (Also see FIU Policy and Procedure #1660.025 (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required), FIU Policy and Procedure #1660.120 (Minimum Necessary), and FIU Policy and Procedure #1660.060 (Accounting of Disclosures of Protected Health Information), FIU Policy and Procedure #140.130 Mandatory Reporting of Child Abuse, Abandonment and Neglect)

C. Suspected Vulnerable Adult Abuse

1. Component Workforce members who know or have reasonable cause to suspect abuse, neglect or exploitation of vulnerable adults are required to immediately report such knowledge to the DCF Abuse Hotline (Florida Statute §415.1034) (Also see FIU Policy and Procedure #1660.025 (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required), FIU Policy and

Procedure #1660.120 (Minimum Necessary), and FIU Policy and Procedure #1660.060 (Accounting of Disclosures of Protected Health Information))

D. Crime of Sexual Battery

1. Component Workforce members who observe the commission of a crime of sexual battery are required to immediately report such offense to a law enforcement official (Florida Statute §794.027) (Also see FIU Policy and Procedure #1660.025 (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required), FIU Policy and Procedure #1660.120 (Minimum Necessary), and FIU Policy and Procedure #1660.060 (Accounting of Disclosures of Protected Health Information))
2. Component Workforce members who know, or have reasonable cause to suspect, that a child is the victim of childhood sexual abuse or the victim of a known or suspected juvenile sexual offender, are required to report such knowledge or suspicion to the Florida Department of Children and Families Central Abuse Hotline. (F.S. §39.201(1)(a-c)). (Also see FIU Policy and Procedure #1660.025 (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required), FIU Policy and Procedure #1660.120 (Minimum Necessary), and FIU Policy and Procedure #1660.060 (Accounting of Disclosures of Protected Health Information))

E. Health Care Practitioner/Providers Engaged or Attempted to Engage in a Verbal or Physical Sexual Relationship with a Patient, Immediate Family Member, Guardian, or Representative of the Patient

1. Component Workforce members are required to report to the Florida Department of Health allegations of sexual misconduct in which a health care practitioner/provider engages or attempts to engage a patient, or an immediate family member, guardian, or representative of the patient in, or to induce or attempt to induce such person to engage in, verbal or physical sexual activity outside the scope of the professional practice, regardless of the practice setting in which the alleged sexual misconduct occurred. (Florida Statute §456.063) (Also see FIU Policy and Procedure #1660.025 (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required), FIU Policy and Procedure #1660.120 (Minimum Necessary), and FIU Policy and Procedure #1660.060 (Accounting of Disclosures of Protected Health Information))

F. Death

1. Component Workforce members who have reasonable cause to suspect that a child died as a result of child abuse, abandonment, or neglect are required to immediately report his/her suspicion to the appropriate medical examiner (Florida Statute §39.201) (Also see FIU Policy and Procedure #1660.025 (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required), FIU Policy and Procedure #1660.120 (Minimum Necessary), and FIU Policy and Procedure #1660.060 (Accounting of Disclosures of Protected Health Information))

2. Component Workforce members who become aware of the death of any person in the State occurring under the following circumstances are required to report such death and circumstances to the district medical examiner. (Florida Statute §406.12):
 - a. As a result of criminal violence
 - b. By accident
 - c. By suicide
 - d. Suddenly, when in apparent good health
 - e. Unattended by a practicing physician or other recognized practitioner
 - f. In any prison or penal institution
 - g. In police custody
 - h. In any suspicious or unusual circumstances
 - i. By criminal abortion
 - j. By poison
 - k. By disease constituting a threat to public health (Florida Statute §381.0031)
 - l. By disease, injury of toxic agent resulting from employment.
(Also see FIU Policy and Procedure #1660.025 (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required), FIU Policy and Procedure #1660.120 (Minimum Necessary), and FIU Policy and Procedure #1660.060 (Accounting of Disclosures of Protected Health Information))

G. Public Health Surveillance

1. Component health care practitioners/providers are required to report the following diseases and injuries to the Florida Department of Health:
 - a. Sexually Transmitted Diseases (Florida Statute §392.53 and §384.25)
 - b. Tuberculosis (Florida Statute §392.53 and §384.25)
 - c. Cancer (Florida Statute §385.202)
 - d. Adverse incidents involving medical treatment (Florida Statute §459.026)
 - e. For purposes of treating a poison episode under evaluation, case management of poison cases, or compliance with data collection and

reporting requirements of Florida Statute §395.1027 and the professional organization that certifies poison control centers in accordance with federal law. (Florida Statute §456.057)

- f. Vital events such as births and deaths. (Florida Statute §382)
- g. Imminent threats to public health or safety related to bioterrorism. (45 C.F.R. §164.512(b) and (j))

(Also see FIU Policy and Procedure #1660.025 (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required), FIU Policy and Procedure #1660.120 (Minimum Necessary), and FIU Policy and Procedure #1660.060 (Accounting of Disclosures of Protected Health Information))

- 2. Components are required to submit the PHI necessary for the Florida Agency for Health Care Administration to carry out its duties. (Florida Statute §408.061). (Also see FIU Policy and Procedure #1660.025 (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required), FIU Policy and Procedure #1660.120 (Minimum Necessary), and FIU Policy and Procedure #1660.060 (Accounting of Disclosures of Protected Health Information))

H. Worker's Compensation

- 1. Component Workforce members are required upon the request of the employer, the carrier, an authorized, qualified rehabilitation provider, or an attorney for the employer or carrier, disclose the medical records of an injured employee to those persons and the medical condition of that injured employee may be discussed with those persons, if the records and discussions are restricted to conditions related to the workplace injury. (Florida Statutes §440.13 and §456.057) (Also see FIU Policy and Procedure #1660.025 (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required), FIU Policy and Procedure #1660.120 (Minimum Necessary), and FIU Policy and Procedure #1660.060 (Accounting of Disclosures of Protected Health Information))

I. Legal Orders or Administrative Tribunal Orders

- 1. The Privacy Coordinator is required to disclose patient PHI in response to a court order or court ordered warrant. (F.S. §456.057) (Also see Section III(A) below, FIU Policy and Procedure #1660.025 (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required), FIU Policy and Procedure #1660.120 (Minimum Necessary), and FIU Policy and Procedure #1660.060 (Accounting of Disclosures of Protected Health Information))

2. The Privacy Coordinator is required to disclose patient clinical records (Mental Health) in response to a Court Order (F.S. §456.057) (See Section III(A) below, FIU Policy and Procedure #1660.025 (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required), FIU Policy and Procedure #1660.120 (Minimum Necessary) and FIU Policy and Procedure #1660.060 (Accounting of Disclosures of Protected Health Information))
3. When compulsory physical examination is made pursuant to Rule 1.360, Florida Rules of Civil Procedure, the Privacy Coordinator is required to disclose copies of requested PHI to both the defendant and the plaintiff. (Florida Rule 1.360) (Also See Section III(A) below, FIU Policy and Procedure #1660.025 (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required), FIU Policy and Procedure #1660.120 (Minimum Necessary), and FIU Policy and Procedure #1660.060 (Accounting of Disclosures of Protected Health Information))

III. Processing of ALL Legal Requests

- A. The Privacy Coordinator must forward all legal requests for access to or the disclosure of PHI (including, but not limited to Court Orders, Court Ordered Warrants, and Subpoenas) to the Office of General Counsel for response and processing and must document in the patient's Medical Record all activities and actions taken.

IV. Record/Documentation Retention

- A. If a communication, action, activity, or designation is required to be documented in writing, the document or record owner will maintain such writings, or an electronic copy, for seven (7) years from the date of its creation or the last effective date, whichever is later. (FIU Policy and Procedure #1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)